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THE PUERTO RICAN SPIRITUALIST AS A PSYCHIATRIST¹

LLOYD H. ROGLER AND AUGUST B. HOLLINGSHEAD

ABSTRACT

Preliminary study of schizophrenia in the lower class in San Juan, Puerto Rico, suggests that spiritualists often serve as psychiatrists and that spiritualism functions as a therapeutic outlet for mental illnesses. A mentally afflicted individual, alienated from his social groups by his deviant and enigmatic behavior may find that a group of spiritualists accepts his behavior. Participation in a spiritualist group serves to structure, define, and render the aberrant behavior institutionally meaningful. Spiritualism serves the afflicted without the stigma of attending a psychiatric clinic.

In recent years social scientists have made a number of studies of interrelations between the social system and mental illness, some of which discuss the role the psychiatrist plays in society.² This paper focuses on the therapeutic role of a quasi-professional group only rarely thought of as being in the medical sphere—the spiritualists.³

Currently, we are doing research on mental illness in the lower classes of the San Juan metropolitan area of Puerto Rico. Early in our study we learned that persons afflicted with mental illness frequently come into contact with spiritualist mediums before, during, and after their visits to psychiatrists. Local psychiatrists are aware of these folk therapists. Likewise, spiritualist mediums have some understanding of the functions of psychiatrists. In some cases, a psychiatrist and a medium may share a patient: one psychiatrist, for ex-

ample, told us that relatives brought a patient to him for a “special” purpose—they wanted him calmed so that he could be taken to a “genuine” therapist, a spiritualist medium! Psychiatric clinics in the San Juan area are known to have been used surreptitiously by local mediums to treat ambulatory patients. Furthermore, outpa-

² Ivan Belknap, *Human Problems of a State Mental Hospital* (New York: McGraw-Hill Book Co., 1956), pp. 205–7; G. Morris Carstairs, *The Twice Born* (London: Hogarth Press, 1957); Elaine Cumming and John Cumming, *Closed Ranks* (Cambridge, Mass.: Harvard University Press, 1957), pp. 36–44; Joseph W. Eaton and Robert J. Weil, *Culture and Mental Disorders* (Glencoe, Ill.: Free Press, 1955); August B. Hollingshead and Frederick C. Redlich, *Social Class and Mental Illness* (New York: John Wiley & Sons, 1958), pp. 161–67, 353–55; Melvin L. Kohn and John A. Clausen, “Parental Authority Behavior and Schizophrenia,” *American Journal of Orthopsychiatry*, XXVI (April, 1956), 297–313; Alexander H. Leighton, *My Name Is Legion* (New York: Basic Books, Inc., 1959); Alexander H. Leighton, John A. Clausen, and Robert N. Wilson, *Explorations in Social Psychiatry* (New York: Basic Books, Inc., 1957); Jerome K. Myers and Bertram H. Roberts, *Family and Class Dynamics in Mental Illness* (New York: John Wiley & Sons, 1959); Alfred H. Stanton and Morris S. Schwartz, *The Mental Hospital* (New York: Basic Books, Inc., 1954), pp. 143–44; Marion Radke Yarrow, Charlotte Green Schwartz, Harriet S. Murphy, and Leila Calhoun Deasy, “The Psychological Meaning of Mental Illness in the Family,” *Journal of Social Issues*, XI (September, 1955), 12–24.

³ Joseph Bram, “Spirits, Mediums, and Believers in Contemporary Puerto Rico,” *Transactions of the New York Academy of Sciences*, 1957, pp. 340–47; also Morris Siegel, “A Puerto Rican Town” (unpublished manuscript).

¹ Expanded and revised version of a paper read before the Section on the Sociology of Medicine at the annual meeting of the American Sociological Association held in New York City, 1960. The research reported here is being done by the Social Science Research Center of the University of Puerto Rico and is supported in part by a research grant, M-1750, from the National Institute of Mental Health, United States Public Health Service. We wish to acknowledge our debt to the members of the staff responsible for the interviews: Eugenia D’Acosta Ruiz, Francisca Santos de Limardo, Esperanza Acosta, Ricardo Márquez Rivera, Elsa Torres de Dávila, and Juan Muñoz Valentín. We would like to thank Dr. Charles Rogler, Mrs. Margot P. de la Cruz, and Mrs. Ann Richardson for reading and criticizing this article.

tients at one psychiatric clinic have been heard to refer to psychotherapy as *pases*. (*Pases* are the symbolic gestures performed by mediums for curative purposes; the term is rich in connotation.)

Our experiences have led us to the tentative conclusion that persons in the lower class rely upon spiritualist beliefs and practices as therapeutic outlets for mental illnesses. We hope to furnish here illustrative materials on the interrelations between the culture of the lower class and the identification and treatment of mental illnesses by non-medical practitioners. The materials are drawn from systematic interviews with mentally ill persons, ranging from mild neurotics to severe psychotics, with their spouses, and with a series of individuals diagnosed by qualified psychiatrists as having "no mental illness." In addition, we have interviewed spiritualist mediums and participated in many of their sessions in order to observe their patients acting and being reacted to in these settings.

Spiritualism is the belief that the visible world is surrounded by an invisible world populated by spirits. The latter are "good" or "bad."⁴ Spirits have the power to penetrate the visible world and to attach themselves to human beings. They may manifest themselves as a reincarnation of some other person or thing. As metaphysical beings they are able to coerce and influence human affairs, often very dramatically. Persons may develop special faculties (*facultades*), "mystical antennas," which enable them to communicate with spirits. In this sense the person with *facultades* has gained a measure of control over the spirits. Consequently, an individual with *facultades* may influence human affairs by commanding the obedience or favor of the spirits.

The beliefs and practices of spiritualism are distributed throughout the society with, perhaps, a relatively pronounced tendency to concentrate in the lower classes. How-

ever, spiritualists and their followers in the upper classes are careful to distinguish their type of spiritualism from that of the lower classes. Upper-class spiritualists insist on the scientific and experimental character of their beliefs, arguing that lower-class spiritualism is irrational and superstitious.⁵

Spiritualism actively provides social meanings to its troubled participants. In the lower class, it is coterminous with social life, woven into the intimate trials, strife, and personal turmoil that enmesh the members of a socially and economically deprived stratum, where its function is to discharge the tensions and anxieties generated in other areas of social life. For example, when, as often happens in spiritualists' sessions, a married woman complains of the infidelity of her husband, the medium may call upon the spirit of her rival and assume her role. The medium indicates this change in her personality by gesticulating, changing the quality of her voice, and in general acting "como una mujer de la calle" (like a woman of the street), it being assumed that that is the kind of woman that would lure married men from their spouses. The troubled wife then attempts to convince the spirit that she should leave the husband alone and cease causing untold suffering. The effect of the dramatic exchange appears to be that the wife believes she has begun to cope with the problem.

"Crazy" (*loco*), "bad in the mind" (*mal de la mente*), and "weak in the brain" (*debil del cerebro*) are common expressions for mental illness in the vernacular of the persons studied. The words denote unusual and idiosyncratic behavior. One of our schizophrenic subjects said:

A mentally ill person is one who has no control and can kill someone else. It is a person who is irrational, like an animal, one who does not use his mind. Such a person can do any

⁴ See Allan Kardec, *El libro de los espíritus* (Mexico City: Editorial Orion, 1951), pp. 147-80.

⁵ The type of data required to determine the prevalence of spiritualism and its class distribution is unavailable.

horrible thing. They must be treated like children, otherwise they may fall upon you like a ray of lightning. Would I marry such a person? Absolutely not. Why would I want to bring a piece of worthless furniture into my house? It would be best to put such a person in a hospital where she could die.

I am uncomfortable when I speak to [friends] about my illness. They may misinterpret what I say about my illness. They will laugh at me. They will not trust me. They will avoid me.

This man, and others, realize that the very act of going to a psychiatric clinic may be the first step in the assumption of this feared role, for the psychiatric clinic is known as a place where *locos* go.

The spiritualist, as believer and participant, takes the stigma from an afflicted person. The spiritualist may announce to the sick man, his family, and friends that the patient is endowed with special psychic faculties, a matter of prestige in this social class. Spiritualism is a form of folk psychiatry. It serves its believers without their suffering the stigma associated with psychiatric agencies.

Spiritualism claims competence in the interpretation and treatment of pathological symptoms. Does the individual report hallucinations? This clearly indicates to the believer in spiritualism that he is being visited by spirits who manifest themselves visually and audibly.⁶ Does he have delusions? He is told that evil spirits are deceiving him about himself as well as others. His thoughts are being distorted by interfering bad spirits. Or, through the development of his psychic faculties, spirits have informed him of the true enemies in his environment. Is his talk incoherent, rambling, and cryptic? This indicates that he is undergoing a test, an experiment engineered by the spirits to see if he is of the right moral fiber. Does he wander aimlessly through the neighborhood? He is

being pursued by ambulatory spirits, unmercifully tormenting him. To illustrate: a thirty-seven-year-old woman, subject, according to the psychiatric diagnosis, to "hysterical hyperkinetic seizures," stated:

Yes, I went to consult a spiritualist to see what the attacks meant. The medium told me that there was a young man who was in love with me. The mother-in-law of this young man bewitched me through an evil spirit. This evil spirit takes me over in a violent way.

Did I believe the medium? Of course I did. She described many events in my life that were true. When I would see the mother-in-law of this young man I would get an attack. This proves that she [the medium] was right.

The basis for the medium's claims of competence is the assumption that all individual problems are material, or spiritual, or a combination of both material and spiritual things. The latter may have little or nothing to do with the outstanding complaint; rather, it classifies the source of the problem. Consequently, if the etiology of the illness is traced to the invisible world, it is a spiritual problem and, as such, within the control of the medium. Material problems, in contrast, have their causes in the visible world of "hard" facts. These, consequently, fall within the competence of doctors, druggists, nurses, and other professionals.

Few behavioral or medical problems have a conspicuous "material cause," immediately apparent to the subject, to the medium, or to others; therefore, problems are classified invariably as spiritual by the medium. Thus, the spiritualist medium effects a rough division of labor, relegating to herself (mediums are usually women) therapeutic competence to deal with a vast range of problems, many of which are disorders of personality in the broad, non-technical sense of the term.

The contacts between the medium and a patient take place variously in, to mention two possibilities, a private consultation or a session involving, usually, from fifteen to twenty participants. These meetings are organized explicitly to serve the

⁶ Allan Kardec discusses the different ways in which the spirits may communicate and the corresponding *facultades* that spiritualists may have in *El libro de los médiums* (Mexico City: Editorial Orion, 1951), pp. 183–224.

participants; social interaction, consequently, is channeled toward the solution of problems they bring.

The room in which the session is held may be decorated with portraits of Franklin D. Roosevelt, Mahatma Gandhi, and banners of "Charity and Humility." A sober-faced, almost life-sized figure of a cigar-store Indian with arms crossed, looking ominously to the ceiling, may be a part of the setting. The odor of burning incense may pervade the room. The head medium opens the session with a long prayer, frequently from one of Allan Kardec's works,⁷ directs herself to the auxiliary mediums, and asks them to concentrate. Preparations are designed to develop the "correct" mood to welcome the spirits. As the session develops, the head medium may direct her attention to the participants' order of seating as they face the table where she and the auxiliary medium(s) are seated. The head medium then proceeds to probe, interpret, treat, and prescribe for the ills and maladies afflicting the individual. Prescriptions include a variety of herbs, ointments, medicated hot baths, massages with symbolic meaning, and prayers. The session generally requires intense participation by the members, which the medium frequently relieves by joking.

Participants who have developed psychic faculties show through their contortions, spasms, screeching, babbling, and deep breathing that they have been possessed: the behavior varies in accordance with the kind of spirit that has communicated with the one possessed.

The group meeting then is structured around four social roles: those of the head medium, the auxiliary medium(s), and participants with and those without faculties,⁸ the four being arrayed according to

the participants' alleged degree of influence over spirits. The roles are differentiated and co-ordinated by the charisma imputed to the incumbents: we have observed psychiatrically diagnosed schizophrenics effectively play each role.⁹ Moreover, their performance was enthusiastically received by the others at the session.

Although we lack direct evidence bearing on the therapeutic effect on mental illness of participation in spiritualist sessions, we have abundant information describing the manner in which participation served to cope with specific problems. To illustrate: the wife of a paranoid schizophrenic described to us the disrupting effect her husband's incessant and pervasive suspicions were having on her. Were she to get up during the evening to take one of their children to the outside toilet, her husband would accuse her of conspiring to see a lover, waiting outside. Were she to leave the house to feed the chickens, a similar charge would be made. In short, she had to be within the radius of her husband's vision or suffer accusations of unfaithfulness. As she says:

Then I decided to take him to see a spiritualist medium since his suspicions had created an impossible situation. She [the medium] and the other people in the session advised him. He has not been suspicious since then. They explained to him that it was a test that he was undergoing since he was in the process of developing *facultades*. They told him that he should devote himself to charity and to the

⁸ This fourfold role structure has been derived from observations of problem-oriented sessions in small spiritualist groups; other spiritualist groupings may be different.

⁹ Lee R. Steiner, who has made the same observations in New York City, says: "I've encountered psychopathic personalities with Jehovah complexes, at the lowest rung in both integrity and knowledge, who have effected emotional cures. It is my very definite impression that there is not very much correlation between validated knowledge and emotional cures. And I feel that this same condition obtains, at the moment, in professional therapy as well as in the occult" ("Why Do People Consult the Occult?" *The Humanist*, XIX [January-February, 1959], 27).

⁷ For an official biography of Kardec see Henri Sausse, *Biografía de Allan Kardec* (Buenos Aires: Editorial Victor Hugo, 1952). This biography contains its own review (pp. 138-39), allegedly provided by Kardec's spirit, which spoke through one of the participants in a session attended by the author of the biography.

good and that he should concentrate on the development of his *facultades*. My husband is now a medium, and when he does not feel well he performs *pases* on himself in front of the mirror. He feels better afterward.

Another schizophrenic reports that, when he feels restless and fearful inside, dissatisfied with himself and others, and not wanting to see anyone, he turns to the spiritualist for help:

I go to sessions because they make me feel good and rested inside. They bring me peace. I go to them because the medium is the maximum authority in knowing how to rid one of those evil spirits and demons that upset one inside.

Another with a severe psychotic illness reports:

Before I go to a session I feel very unhappy. When I get to the group I talk to the medium and the others, and I feel good. When the others begin to talk about their problems I feel as if I am not alone. They [the group] make me feel sure of myself.

Such reports so often come from the mentally afflicted individuals in our study that we are led to the conclusion that attending group sessions serves, at least, to ease and alleviate personal stresses.

We do not have the research design to test the proposition that spiritualist sessions alter the personality of the mental patient in the direction of mental health. However, we believe that spiritualist sessions have a good many of the therapeutic advantages of group psychotherapy.¹⁰ In addition to the presumed advantages of group psychotherapy as practiced in clinical settings, spiritualist sessions are coterminous with the values, beliefs, aspirations, and problems of the participants: no discon-

tinuity in social contacts is required of participation. Little social distance separates the afflicted person from the medium, but, in contrast, visiting a psychiatrist involves bringing persons together who are separated by a vast social gulf. The others in the session are often neighbors, and so the spiritualist and her followers form a primary group where problems are discussed in a convivial setting, classified, interpreted, and rendered understandable within a belief system that is widely accepted even by those who profess not to believe in it.¹¹

Persistent hallucinations to the believer in spiritualism are not symptoms of a deranged mind experiencing things unperceived by others—a definition which serves to isolate the sick. Rather, they demonstrate the development of psychic faculties that may eventually put the lucky person in more permanent contact with the invisible world. Thus, participation in a spiritualist group serves to structure, define, and render behavior institutionally meaningful that is otherwise perceived as aberrant.

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AND

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¹¹ "If you ever talk to a Puerto Rican who says he doesn't believe in spirits, you know what that means? It means you haven't talked to him long enough"—statement attributed to a Puerto Rican in Dan Wakefield's *Island in the City* (Boston: Houghton Mifflin Co., 1959), p. 59. Though an exaggeration, it offers a very valuable hint to the interviewer. Often respondents will deny their belief in spiritualism when first questioned. However, once the interviewer has established a warm relationship with the respondent, the latter may not only admit his belief but may describe incidents that substantiate it dramatically. It is our impression that members of the upper class are more hesitant to admit to such beliefs than are lower-class individuals.

¹⁰ On the therapeutic advantages of group therapy see Marvin Opler, "Values in Group Psychotherapy," *International Journal of Social Psychiatry*, IV (Spring, 1959), 296.